

MAR 13 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space. ✓

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township KawPrimary Registration District No. 1002City Kansas City (No. 1229 Bales)File No. 6199Registered No. 6199St. Mo. Ward 12. FULL NAME Mrs. Mattie Frances Kile(a) Residence, No. 1229 BalesSt. Mo.Ward 1

(Usual place of abode)

lifetime

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR

married (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF

(OR) WIFE OF

William Clyde Kile6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18, 1882

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

54912

day, hrs.

or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Kansas CityMo.

FATHER

13. NAME

Alonzo Haggerty

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Detroit Mich.

MOTHER

15. MAIDEN NAME

Mary Potts

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Independence Mo.

17. INFORMANT (ADDRESS)

William Clyde Kile
1229 Bales

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. MoriahDATE Feb. 1 1937

19. UNDERTAKER (ADDRESS)

D.W. Newcomers Sons
Brush Creek & Paseo

20. FILED

271 1937 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 30 193722. I HEREBY CERTIFY That I attended deceased from Feb 21 1936 to Jan 31 1937I last saw him alive on Jan 30 1937 at 6:45 P Death is said to have occurred on the date stated above, at 6:45 P m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Breast
1936

Other contributory causes of importance:

Name of operation none Date of noneWhat test confirmed diagnosis? none Was there an autopsy? none

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury none 1937Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury noneNature of injury none24. Was disease or injury in any way related to occupation of deceased? noIf so, specify none(Signed) M. M. Brown M. D.(Address) 402 N. Main St. Bldg

Wirthman Bldg

Lo 1300

5204 Paseo

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kansas City
City Kansas City (No. 1329 Bales)

Registration District No. 399
Primary Registration District No. 1007

File No. 6199
Registered No. 579
St. 1 Ward

2. FULL NAME

(a) Residence, No. 1229 Bales St. 1 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS 54 MONTHS DAYS If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 31 1937 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 30 1937

22. I HEREBY CERTIFY, That I attended deceased from 19 , to 19 , 19

I last saw h. alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Breast and liver
(Breast 4/20/81)

Other contributory causes of importance:

Date of onset

Name of operation 60 Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) A. R. Greenlee M. D.
(Address) 402 Wirthman Bldg

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